

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

RESCHEDULING FORM

Check type of exam. Enclose non-refundable fee of \$20.00: Payable to KDHE. (**check or money order**).

☐ 90-Hour CNA Test

☐ 20-Hour Home Health Aide Test

☐ 90-Hour Home Health Aide Test

Candidate Information

A COPY OF IDENTIFICATION WITH YOUR SOCIAL SECURITY NUMBER MUST BE ON FILE.

Last Name First MI

Other Names Used

If name change, submit documentation (i.e.: marriage license, divorce decree new ss card).

Social Security Number _____ - _____ - _____

Birth date ____/____/____

Sex ☐ Male ☐ Female

Address

Street

City

State

Zip

Phone Number Home () _____

Work () _____

Retake (Failed the test one or more times): ☐ Yes ☐ No **Do not use this form** if currently enrolled in a course or if you have failed the state test three times within a year from the beginning date of your course.

TEST SITE PREFERENCE (Please check the appropriate site):

☐ Atchison

☐ El Dorado

☐ Iola

☐ Pratt

☐ Beloit

☐ Emporia

☐ Kansas City ATS

☐ Salina

☐ Burlingame

☐ Fort Scott

☐ Kansas City CC

☐ Topeka

☐ Chanute

☐ Garden City

☐ Liberal

☐ Wichita

☐ Coffeyville

☐ Great Bend

☐ Manhattan

☐ Winfield

☐ Colby

☐ Hays

☐ Merriam

☐ Concordia

☐ Hutchinson

☐ Parsons

☐ Dodge City

☐ Independence

☐ Pittsburg

Candidate's Signature

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments and to send my test results to my instructor.

Candidate's Signature

Date

Return this form and attachments to:

Health Occupations Credentialing/KDHE

Curtis State Office Bldg. 1000 SW Jackson, Ste 200

Topeka KS 66612-1365

Phone number: (785) 296-1250

Web site: www.kdheks.gov/hoc

Revised 9/28/01

Candidate, PLEASE NOTE:

1. You must present two forms of identification, with one being picture I.D., to be admitted to test.
2. You must be able to provide your social security number on the test for identification.
3. YOU MUST BE ON TIME.
4. If you are late, or fail to appear for your scheduled test, you must call (785) 296-1250 to request a rescheduling form which requires an additional fee of \$20.00.
5. Each candidate has a total of three attempts per year from the beginning date of the course to successfully complete the written state test.
6. If the test is not passed within one year from the starting date of the initial course, the course must be retaken to be eligible to retake the test.
7. ALL FEES ARE NOT REFUNDABLE .
8. The time limit is two hours unless other accommodations to address a disability are requested and approved (no oral tests are given for the home health aide test).
9. If a special accommodation is needed, you ***MUST*** submit the candidate's "*Accommodation Request Evaluation Form*" with this application.
10. Certificates are approximately 4 weeks after the test date.
11. To dispute a score, you must contact the department within six months from the test date.
12. To request a score, you must contact the department in writing at the address listed below.

Health Occupations Credentialing, KDHE
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Topeka, Kansas 66612-1365
(785) 296-1250

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